## **Canine Pet Record**



Owner Information:		**please fi	ll in indicated fields			
*Last Name	*E' I NI		*Di			
*Last Name	*First Name		*Phone Number			
Email Address:						
Street Address	City	State	Zip			
Pet Information:						
*Pets Name: Breed:	Weight:					
DOB/Age:		Male	or Female <i>(circle one)</i>			
Color:		Neutered	or Spayed <i>(circle one)</i>			
How did you hear of us?						
I request and authorize Animart to vaccinate &/or provide service for the above described animal. I understand that vaccinations can cause adverse reactions in some animals. I hereby release Animart and any employees from any claims arising out of or connected with giving these vaccinations &/or services.						
Your Signature						
Date:						

YES	NO			
o	0	Has your pet been eating normally?		
o	0	Has your pet been drinking normally?		
o	0	Have you observed normal activity?		
o	0	Have you noticed any coughing or sneezing?		
o	0	Have you noticed any behavioral changes?		
o	0	Are you aware of any history of seizures?		
o	0	Has Your Pet Experienced Adverse Reactions From A Vaccine Before?		
Other comments or concerns you may have:				

Vaccines: \$24\$24\$36\$32\$32\$34\$24\$\$	Distemper Vaccine (DHPP) Annual Lepto Vaccine Annual Lyme Vaccine Annual Bordetella Vaccine Injectable Annual Bordetella Vaccine Oral Annual Canine Influenza (H3N8/H3N2) Annual Rabies Vaccine Tag#: 1 YR or 3 YR Other:
Rx Products:  Qty: Qty: Qty: Other Services:	Heartgard (Heartworm prevention product) Nexgard/Frontline Gold (Flea & tick product) Other:
\$45-\$50 \$18 \$30 \$ \$\$ \$\$\$ \$\$\$ \$\$\$ Results:	Wellness Exam (By appointment only per pet) Office Call (By appointment only per pet) Fecal Exam Results: Nail Trim Dewormer Microchip w/Lifetime Registration Heartworm/Lyme/Anaplasma/Ehrlichia Test
\$22 \$\$	Ear Cleaning (By appointment only) Other:

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Vet: Dr. Hamilton, DVM Dr. Treichel, DVM